

**STATEMENT OF PHYSICAL  
CONDITION AND  
PARENTAL CONSENT FORM**

DESE Telephone: 573-751-3544

This form may be duplicated

Male \_\_\_\_\_

Female \_\_\_\_\_

**MISSOURI ASSOCIATION FFA LEADERSHIP CAMP**

Name of Camper \_\_\_\_\_, Age \_\_\_\_\_

School \_\_\_\_\_ Advisor Name(s) \_\_\_\_\_

*Note to Parents:* Please fill out the following information keeping in mind that some of the activities at the camp such as swimming, softball, basketball, volleyball, and badminton can require strenuous activity. If you know of physical conditions that would restrict your camper, please list them below or attach a physician's statement. It is also important that your child and their instructor are well informed on the any limitations or precautions that should be taken. Please include if your child is on any type of medication, is allergic to any type of medication or requires a special diet.

The above mentioned camper is permitted to take part in all activities at Camp Rising Sun except the following: \_\_\_\_\_.

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_,  
(Parent or Guardian Name) (Relation) (Name)

\_\_\_\_\_  
(Complete Home Address, including Zip Code)

hereby authorize in advance any necessary medical treatment required for \_\_\_\_\_,  
(Name)

while he/she is attending camp \_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

\_\_\_\_\_  
(Emergency Phone Number)

\_\_\_\_\_  
(Signature of Parent or Guardian)

Insurance-Limited medical insurance is purchased for all campers who attend regular camp weeks. The insurance provides limited coverage for sickness or accidents that occur while on camp premises or camp sponsored off-site activities. Campers and parents are responsible for any medical bills exceeding those covered by the policy purchased by the camp.

***Please present this statement to registration officials upon arrival at camp.***

*Facilities and services are available to all without regard to race, color, national origin, age, sex, or disabling condition.*